

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BARRIER DEVICE FOR COVERING THE OSTIUM OF LEFT ATRIAL APPENDAGE

the specification of which

(check ☐ is attached hereto
one)

☒ [X] was filed on August 18, 2000 as
Application Serial No. 09/642,291 and was
amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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			<u>Priority Claimed</u>	
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<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>	Yes	No
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Walter M. Egbert, III (Reg. No. 37,317)

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Full name of first inventor Robert A. VanTassel

First Inventor's signature X

Robert A. VanTassel

Oct 9, 2000
Date

Residence 6420 Bayview Place

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Date

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Full name of third joint inventor Robert Schwartz

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Full name of fourth joint inventor David Holmes

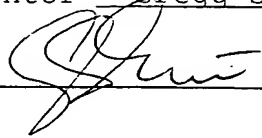
Fourth Inventor's signature X X
Date

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Full name of fifth joint inventor Gregg S. Sutton

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Full name of seventh joint inventor Jeffrey Welch

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